Dear Honorable Councilors,

I am deeply concerned by the passage of the proposed Mask Bylaw at our Board of Health meeting last Friday.

The proposal for a mask bylaw within our City is not supported by science and the present situation in our City does not warrant it. It is an egregious affront to our civil liberties and personal autonomy and is not likely to survive a challenge under our Charter of Rights and Freedoms. Mask use in the general public is dehumanizing, alienating and a sign of separation and oppression that has no place in Canada, Ontario and specifically in our great City of Hamilton which I love.

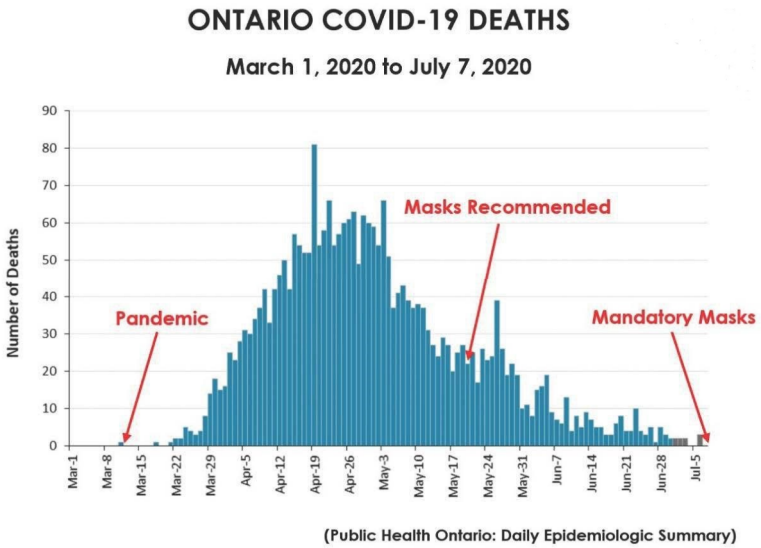
Firstly, the situation in Hamilton does not warrant this Bylaw:

As I am writing this letter I checked the Status of Cases information on the City of Hamilton website and it appears there are only 14 cases left in our community. From 860 confirmed positive cases, 802 resolved, and there were 44 deaths, this leaves a balance of 14 remaining cases, with only one individual hospitalized.

Hamilton entered Stage 2 of the Ontario reopening plan on June 19th, 2020 – that is nearly 4 weeks ago. Since that time there have been only 74 new cases in our City. In contrast, in the 4 week period before June 19th (May 22 to June 19th) there were 173 new cases and during the 4 week period before May 22nd (April 24th to May 22nd) there were 236 new cases.

Suffice to say that although we have opened our City significantly and although we have increased the availability of testing for Covid19 significantly, the number of Covid19 cases has not increased. We are on a positive trajectory and there is no reason to assume that this will change in the near future.

On the provincial level we can see that we are at the end of the curve of this pandemic



There is no reason for preemptive masking measures, as can be seen, despite our province's reopening, on the whole the number of cases has continued to decline. Given the potential harms that go along with mask wearing I believe that our City should consider the option of waiting to see whether there is any uptick in cases before enacting such strong measures as universal masking.

Secondly, the current science behind mask use is questionable at best as you will see in the following paragraphs:

The science regarding mask use pre-pandemic has always been clear – the reduction in the spread of influenza and other respiratory illnesses due to the use of cloth masks is not detectable.

In 2019 the World Health Organization compiled a document entitled *"Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza*[1]*"* – the purpose of this document was to provide recommendations for the use of *Non-pharmaceutical interventions (*NPIs) in future influenza epidemics. The method for the development of the document was to identify NPIs that had potential to mitigate pandemics, evaluate the evidence for their effectiveness and provide recommendations for their use / non-use. Masks are an NPI which was evaluated in this document.

In order to evaluate the effectiveness of the Masks the Who undertook a systematic review of the scientific literature i.e. studies that evaluated the benefits of mask use in controlled settings. Their conclusion regarding mask use was as follows:

"Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza."

4.3. Face masks

Summary of evidence

Ten relevant RCTs were identified for this review and meta-analysis to quantify the efficacy of community-based use of face masks, including more than 6000 participants in total (*42-47, 50, 68-70*). Most trials combined face masks with improved hand hygiene, and examined the use of face masks in infected individuals (source control) and in susceptible individuals. In the pooled analysis, although the point estimates suggested a relative risk reduction in laboratory-confirmed influenza of 22% (RR: 0.78, 95% CI: 0.51–1.20, I2=30%, P=0.25) in the face mask group, and a reduction of 8% in the face mask group regardless of whether or not hand hygiene was also enhanced (RR: 0.92, 95% CI=0.75–1.12, I2=30%, P=0.40), the evidence was insufficient to exclude chance as an explanation for the reduced risk of transmission. Some studies reported that low compliance in face mask use could reduce their effectiveness. A study suggested that surgical and N95 (respirator) masks were effective in preventing the spread of influenza (*71*).

OVERALL RESULT OF EVIDENCE ON FACE MASKS

1. Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza.

The recommendation regarding masks in the originally published document was for use by symptomatic people only. Since that time the recommendation has been updated and it notes that masks are recommended for asymptomatic people only in severe pandemics or epidemics, and the recommendation notes:

"There is no evidence that this (wearing of surgical masks) is effective in reducing transmission"

It is not clear why the WHO would recommend mask wearing when they themselves admit that there is no scientific evidence for their efficacy.

In any case, what we have in Hamilton cannot be classified any longer as a 'severe pandemic' – with only one individual in hospital, and 14 live cases identified in the community. The spread of the virus has been decreasing and continues to do so despite the fact that our City is opening up.

The general advice regarding mask wearing prior to Covid19 has always been that masks are for the symptomatic only; or those caring for symptomatic individuals. For example the Journal of the American Medical Association notes the following in their guidance on the use of masks:

When Should a Mask Be Used?
Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by health care workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill. Face masks should be reserved for those who need them because masks can be in short supply during periods of widespread respiratory infection. Because N95 respirators require special fit testing, they are not recommended for use by the general public[3]

The WHO changed that advice on June 5, 2020 when they released the document entitled: "Advice on the use of masks in the context of COVID-19, Interim guidance[2]"
This document notes: *"Many countries have recommended the use of fabric masks/face coverings for the general public. At the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider (see below)."*

The potential disadvantages are listed as follows:

• *potential increased risk of self-contamination due to the manipulation of a face mask and subsequently touching eyes with contaminated hands;(48, 49)*

• *potential self-contamination that can occur if non-medical masks are not changed when wet or soiled. This can create favourable conditions for microorganism to amplify;*

• *potential headache and/or breathing difficulties, depending on type of mask used;*

• *potential development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;*

• *difficulty with communicating clearly;*

• *potential discomfort*

• *a false sense of security, leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene;*

• *poor compliance with mask wearing, in particular by young children;*

• *waste management issues; improper mask disposal leading to increased litter in public places, risk of contamination to street cleaners and environment hazard;*

• *difficulty communicating for deaf persons who rely on lip reading;*

The document goes on to note:

"If masks are recommended for the general public, the decision-maker should:…

• *inform/train people on when and how to use masks safely (see mask management and maintenance sections), i.e. put on, wear, remove, clean and dispose;*

• *consider the feasibility of use, supply/access issues, social and psychological acceptance (of both wearing and not wearing different types of masks in different contexts);*

• *evaluate the impact (positive, neutral or negative) of using masks in the general population (including behavioral and social sciences).*

In light of this information, I have the following concerns:

Why is the City of Hamilton recommending this violation of our Civil Liberties without strong scientific support that the measures proposed will be effective?

Why is our Board of Health using the World Health Organization as a reference in their report to Council, when their recommendation does not match the WHO's own documents?

Has the City clearly considered all the potential disadvantages to mask use as noted above?

What is the City of Hamilton doing to mitigate these disadvantages?

Since mask use leads to relaxing of other measures, will this universal mask bylaw actually have a negative effect and cause an increase in cases in our community?

How is the City of Hamilton going to train our 600,000 citizens in the proper use of masks?

Has the City considered the psychological harms of mask use? Both for wearers; an increased sense of fear and foreboding danger; and for non-wearers; vilification, shaming, shunning etc.?

Has the City considered the impact to deaf individuals within our City and those who are hard of hearing who will no longer be able to lip-read in Public?

Is the City of Hamilton opening themselves up to possible litigation due to negative consequences of mask wearing?

I now wish to turn my attention to the Board of Health report which was presented at the committee meeting on Friday July 10th. I have reviewed the report and I have the following observations and concerns:

The report notes that the by law: *"shall be reviewed by the Board of Health every 3 months unless directed otherwise by City Council."*

What criteria will the Board of Health be using to determine whether this Bylaw can be repealed? What criteria will City Council use to direct Public Health to review this Bylaw? There is no documentation within this bylaw to note that it is a temporary measure or that it should be repealed at the earliest opportunity.

There is no criteria in the bylaw to call for its own removal. Given we are enacting this bylaw in a setting in which community spread is declined, hospitalizations are nearly at zero and there are only 14 active cases, what else can we see happen that will make our City comfortable that this is not necessary?

The Executive Summary of the Board of Health report notes that: "Some jurisdictions around the world, including many in the United States, are experiencing a resurgence of cases since re-opening."

The primary examples given for this in the media are Texas and Florida, however it is also being widely reported in the media that the case counting in these States is far from accurate. In any case, Florida and Texas have far fewer deaths for their population that Ontario. Why should what is happening in the southern states have any bearing on the conversation relating to our City? Hamilton has started opening and the number of cases has declined. There are a myriad of factors, which could be affecting case transmission in such distant jurisdictions, and so I fail to see why this is relevant to Hamilton. Hamilton is opening and our cases are continuing to decline, information from the southern states is irrelevant.

Throughout the document the word 'Enclosed' is used, however a definition of enclosed is not provided. Presumably, this word means 'indoor' spaces, however indoor spaces vary significantly in size, space, airflow etc. Given the differences that can exist, why are all enclosed spaces being painter with the same 'danger' brush?

The Executive Summary notes that the science on non-medical masks is not definitive. As in my question above - How can our City Council impose a bylaw which severely infringes the rights of Hamiltonians to personal autonomy on the basis of science that is 'not definitive'?

The Executive Summary notes that jurisdictions with 'mandates' have seen more people complying. Yes – the threat of punitive measures will get you forced compliance. Make no mistake about what you are doing, you are no longer encouraging – the passing of a bylaw means you are forcing me and my family to wear a mask in public. I take strong exception to this.

The Executive Summary notes that - "More widespread wearing of masks and face coverings may act as a visual cue that public health measures, including maintaining a physical distance from others, are still required"

This contradicts the idea that masks use is for enclosed areas where social distancing cannot be practiced. This also contradicts the WHO's warning that masks provide a heightened

perception of ‘security’ which may lead to relaxing of other measures such as physical distancing. It is very likely that what you are doing will actually lead to greater spread of Covid19 due to an assumed safety behind an ineffective mask.

Within the Historical Background section of the Board of Health report it fails to mention that on June 23rd Dr. Ninh Tran was quoted in the Hamilton Spectator as saying: “We are not looking at making masking mandatory”

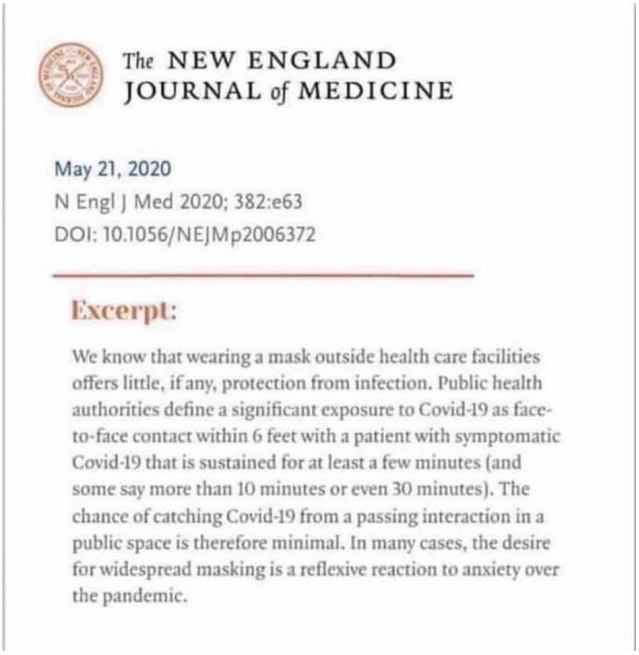
On June 29th however, our Mayor, seemingly without the support of Public Health, made a political statement together with other GTHA mayors asking the province to enact mandatory masks.

This leaves me wondering whether Public Health was driving the bus with respect to our Public Safety, or was this report compiled after the fact as political support for our Mayor, who stepped out on his own accord to score political points? To what degree are politics playing into this recommendation for mandatory masks? Was the Board of Health report prepared before or after these statements from our Mayor?

Within the Analysis and Rationale portion of the report it is noted that “the World Health Organization strongly recommend the wearing of masks or face coverings where physical distancing cannot be maintained”. However if you refer to my quotations from the official WHO documents above, this statement is a stretch. They conditionally recommended them in severe pandemics where there is widespread community spread, while noting the lack of evidence for their efficacy as well as the associated dangers.

The Board of Health report discusses the spread of Covid19 – however they do not note significant information relating to the spread of Covid19.

The New England Journal of Medicine has noted in a study published on May 21, 2020[4] that the transmission of the virus requires prolonged contact. An exerpt from the study is contained below -



The NEW ENGLAND JOURNAL of MEDICINE

May 21, 2020
N Engl J Med 2020; 382:e63
DOI: 10.1056/NEJMp2006372

Excerpt:

We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

The accepted mechanism for the spread of Covid19 is prolonged contact with an infected person for at least several minutes - the mask bylaw does nothing to address this. The mask bylaw will cover our faces for brief passing moments in indoor commercial settings. This is not how the virus is spreading; it spread through long term contact with infected individuals in places like retirement homes and Long-term Care facilities.

The evidence provided within the Board of Health report regarding the effect of masking in certain jurisdictions around the globe is anecdotal at best. While areas such as Hong Kong, Japan and South Korea did better in terms of total cases, the degree to which masks played into that outcome is unknown.

China is also a nation which uses masks readily and culturally, however that was the epicenter of the pandemic and the virus spread from through and around China, and from China to the world despite China's widespread mask use.

The Board of Health report noted that face coverings can act as a visual cue for other measures such as physical distancing, however the WHO has cautioned that masking actually provides a false level of security and will lead to a decrease in such practices as physical distancing. This has been my observation – when people wear masks they feel safe and don't hesitate to get into each other's space, when in fact a better option would be to physically distance from each other.

The Board of Health report notes that there are numerous potential negative unintended consequences to universal masking, such as:

• There may be in individual level impacts such as facial dermatitis, facial lesions, itchiness and skin irritation, worsening acne, fogging of glasses, difficulty in clear communication;

• If worn improperly, facial coverings use can present the opportunity to contaminate the wearer; lack of hand hygiene may also cross contaminate the environment

• Individuals who may not be able to tolerate face coverings (e.g. underlying medical conditions) may be stigmatized;

• Depending on how policies are enforced, income and other inequities may be exacerbated (e.g. for those who lack access to masks and face coverings); and,

• Impact on the PPE supply chain should individuals use medical masks in non-health care settings.

These are significant consequences and are almost certain to occur given the requirement for widespread masking.

Personally, I have mild asthma; however it is exacerbated by mask use and especially in hot temperatures. I have seen the vitriol in online forums against those who question the need for universal masking and I am anticipating that I will be the subject of vilification, shaming and shunning if I am unable to wear my mask.

As I noted above – the question as to what degree the City are opening themselves to legal challenges and lawsuits due to negative impacts from masks within our City needs to be

considered. If residents sue the City of Hamilton who will ultimately be paying for their settlements? The tax-payers, or the Board of Health and city councilors who enacted this Bylaw despite the protests of tax paying citizens?

Other questions that I have related to these possible negative impacts are as follows:

To what degree is the City providing adequate training for the proper wearing of masks?

To what degree will the City be held liable for not providing proper training?

What about those citizens who cannot afford masks?

The Board of Health report notes that the science on face coverings continues to evolve, they then go on to cite numerous studies that were completed since the start of the Pandemic.

While I understand the need for 'live-science' in such a situation as our Pandemic, the 'Hard-science' i.e. random control tests which were designed to remove bias have always shown that masks DO NOT work. Science does not change just because there is a pandemic, the rush to publish new work without peer-review and without oversight leaves these studies very open to possible biases and unrepeatable conclusions.

The Board of Health study also references 'modelling studies' however after the debacle which was our province's reliance on modelling I hope we are not continuing to base public policy on models. We were told that we could experience up to 100,000 deaths in our province based on 'modelling' – that number now appears so ridiculous that it was a crime for it to be presented to the public. I deny that the City should or can even legally curtain our rights to personal autonomy based on theoretical modelling, and in the face of the 'Hard-science' that shows that masks do not work.

At best the masks will provide some source control for coughing and sneezing. However, those who are coughing and sneezing should be tested for Covid19 and stay home as these are symptoms of the virus. In any case, your sleeve or elbow are just as effective in blocking a cough or sneeze as a mask. Masks need to be discarded after you cough into them or sneeze into them as they become a wet breeding ground for bacteria and other viruses.

On a personal note:

Personally I find masks to be dehumanizing and alienating. Showing your face is a beautiful part of our culture that I value highly. You cannot connect with someone or communicate well on a personal and empathetic level with your face covered. Face coverings are for thieves and robbers aren't they? Not for open, healthy, friendly Canadians with nothing to hide - they are a sign of separation and oppression.

To overcome the fears we need to keep opening up and getting back to normal so people can see there is little to be afraid of. We have a City that is paralyzed by fear and a presentation of

the facts, such as where we are on the curve, the decrease in cases and the decrease in hospitalizations – these items are better ways to encourage our City to get back to business.

Given the facts I have outlined above I wish to summarize as follows:

1. The requirement for universal masks is a violation or personal autonomy, our Civil liberties and Charter rights, it is dehumanizing, alienating and a sign of separation and oppression that has no place in Canada, Ontario and specifically in our great City of Hamilton which I love.

2. The situation within Hamilton and our Province does not warrant the proposed measures we are doing fine as we continue to open up and cases continue to decline.

3. The science regarding mask use is clear that they do not work. The evidence provided by the Board of Health in support of mask use is anecdotal at best and contradicts other valid Health authorities such as the New England Journal of Medicine, the Journal of the American Medical Association and the World Health Organization.

4. It is very problematic that there is no clear metric within the Board of Health Report or the Bylaw itself to note when this bylaw will be repealed. The Bylaw is not even noted specifically as a temporary bylaw. How will Council determine that these measures can be ended?

5. Due to the potential negative impacts of masks, their disadvantages and problems noted by various health authorities the City of Hamilton is opening the public up to lawsuits and litigation which will have to be settled by tax payer contributions. Our City cannot afford this in our weakened fiscal position due to the virus.

6. The City is not valuing equity and the rights of those who cannot afford masks or cannot wear masks due to health reasons. Your bylaw has the effect of vilifying and shaming those who cannot wear masks due to the cost or other health issues.

Given these facts, I ask that our Council reconsider universal mask use within our City. It is unjustified and unwarranted and I and my family am strongly against these measures. I want what is best for my City and this bylaw is not in the best interests of the City of Hamilton.

Thank you for your consideration.

Best Regards,

1 - https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1
2 - https://www.who.int/docs/default-source/coronaviruse/corrigendum-to-ig-2020-4-ipc-masks-2020-06-05-pp-15-16-2020-06-06-e.pdf?sfvrsn=c5992b89_2
3 - https://jamanetwork.com/journals/jama/fullarticle/2762694
4 - https://www.nejm.org/doi/full/10.1056/NEJMp2006372